

P Booker

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/556855

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51	1	1			
2		1						52		1			
3		2						53		1			
4		3						54		1			
5		4						55		1			
6		5						56		1			
7		6						57		1			
8		7						58		1			
9		8						59		1			
10		9						60		1			
11		10						61		1			
12		11						62		1			
13		12						63		1			
14		13						64		1			
15		14						65		1			
16		15						66		1			
17		16						67		1			
18		17						68		1			
19		18						69		1			
20		19						70		1			
21		20						71		1			
22		21						72		1			
23		22						73		1			
24		23						74		1			
25		24						75		1			
26		25						76		1			
27		26						77		1			
28		27						78		1			
29		28						79		1			
30		29						80		1			
31		30						81		1			
32		31						82		1			
33		32						83		1			
34		33						84		1			
35		34						85		1			
36		35						86		1			
37		36						87		1			
38		37						88		1			
39		38						89		1			
40		39						90		1			
41		40						91		1			
42		41						92		1			
43		42						93		1			
44		43						94		1			
45		44						95		1			
46		45						96		1			
47		46						97		1			
48		47						98		1			
49		48						99		1			
50		49						100		1			
TOTAL IND.	9			8				TOTAL IND.			8		
TOTAL DEP.	10			8				TOTAL DEP.			8		
TOTAL CLAIMS	19							TOTAL CLAIMS					